South Carolina Criminal Justice Academy Certification-Compliance

PERSONNEL CHANGE IN STATUS REPORT NOTIFICATION OF ADMINISTRATIVE/ROUTINE SEPARATION

Reporting Department	Phone #	Today's Date
Officer's Name	Academy I.D. #	
Officer's Current Home Address	City/Town	Zip Code
CHECK ONE:	Reserve Officer Coroner	Deputy Coroner
Class 1 LE Class 2LCO (Jailer)	Class 1LECO (LEO/Jailer)	Class 3SLE (Limited Duty)
(For all separations N	<u>OT</u> involving misconduct as defined	in S.C. Reg. 37-025)
	RN (MANDATORY RETRAINING NOTE ERVICE TRAINING RECEIVED SINCE I	
(Please che	eck appropriate reason(s) for sep	aration)
Date of Separation:	(specify mo/day/yr)	
Resigned	Retired	Deceased
Accepted employment with another L	aw Enforcement Agency	
Medical Leave		
Military Leave		
Failure to successfully complete basic	training	
Failure to successfully complete in-ser	rvice training	
Transfer from law enfor	rement classification to law	enforcement classification
Termination for violation of AGENCY performance, excessive absenteeism, s	· · ·	efined in S.C. Reg. 37-025 (i.e., substandard
Other (please specify)		
DO NOT WRITE "SEE ATTACHED." DO THAN A MANDATORY RETRAINING NO		ADDITIONAL DOCUMENTS, OTHER
I hereby attest that the reason for separation of the certification as defined in S.C. Reg. 37-025.	nis officer does <u>NOT</u> involve misconduct	or otherwise disqualify eligibility for
EMPLOYING AGENCY HEAD:		DATE:
PRINT NAME:	0	FFICIAL TITLE:
CJA USE: MRN: CODE: 1		